

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009193

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 573

FILED MAR 2 1962

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **JEFFERSON BARRACKS, MO.**Length of stay in lb
12 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VETERANS ADMIN. HOSPITAL**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO.** b. COUNTY **JEFFERSON**c. CITY OR TOWN **IMPERIAL**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
ROUTE #1, Highway #21Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARRY L. V. HOLLWEG

4. DATE OF DEATH

Month

Day

Year

2-15-625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-12-919. AGE (last birthday)
70 YEARSIF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
AUTOMOBILE MECHANIC10b. KIND OF BUSINESS OR INDUSTRY
REPAIR SERVICE11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

GEORGE HOLLWEG

13b. MOTHER'S MAIDEN NAME

KATHERINE DULLE

14. NAME OF HUSBAND OR WIFE

MARIEUL HOLLWEG15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WWT

16. SOCIAL SECURITY NO.

MARIEUL HOLLWEG

Address

Route #1, Highway #21, Imperial, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTIONINTERVAL BETWEEN
ONSET AND DEATH
12 DAYSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA21. attended the deceased from **2-3-62**to **2-15-62**Death occurred at **7:15 pm**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DR. CASMIR MOGENIS, M.D.

22b. ADDRESS

VA HOSPITAL, JEFF. BRKS., MO.

22c. DATE SIGNED

2-15-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

2/19/1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

2-17-62

26. REGISTRAR'S SIGNATURE

John L. Muehlenberg, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59**14000****20500****3****4 0****5 1****6****7 0****8 2****94201****10****11****12 44-0****13**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Bing

Licensed Embalmer No. 4863

P.O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.